



*Ivy Hands Foundation*  
*P. O. Box 792*  
*High Point, NC 27261*

March 25, 2025

Attention: Counselor

Southwest Guilford  
4364 Barrow Road  
High Point, NC 27265

Dear Counselor:

Ivy Hands Foundation was established in 2015 as a service Foundation. We currently offer two types of scholarships: Need Based and Academic Based. The application and guidelines are attached. Your most thoughtful consideration is needed to distribute the application to your seniors. Please feel free to make additional copies as needed.

If you have questions, please feel free to contact me by cell or email.

Yours in service,

Cynthia Carlton Thompson, Ph.D.  
Scholarship Chairman  
Ivy Hands Foundation  
Cynthiacarltonthompson@yahoo.com  
336-234-8895

Gloria Jackson, President  
Velma Smith, Financial Secretary

Dorothy Johns, Vice President  
Charey Grubbs, Secretary

Cynthia Carlton Thompson, Treasurer  
Kendra Jones, Assistant Secretary



# Ivy Hands Foundation



## *2025 Scholarship Award Application*

(Need Based)

(2) \$500 scholarship

(Academic Based)

(2) \$500 scholarship

## **APPLICATION INSTRUCTIONS**

There are two types of scholarships for the applicant to choose from. Indicate on the application below the type of scholarship you would like to be considered for.

### **Scholarships Available**

Need Based- (2) \$500 scholarship

Academic Based (2) \$500 scholarship

### **Qualifications**

- Need Based: Family Income not to exceed \$25,000. Applicant must have a minimum GPA of 2.5 on a 4.0 scale to be considered.
- Academic Based: Applicant must have a minimum GPA of 3.0 on a 4.0 scale to be considered.
- Application include:
  - Personal Information Sheet
  - Activities Sheet
  - Essay
  - School Recommendation Form
  - Official transcript from your school in a sealed and signed envelope
- Successful enrollment in an institution of higher learning.

### **Deadline**

The submission deadline for all applications is **May 30, 2025** Questions may be directed to Gloria Jackson at (336) 558-7150. Mail or email the application and required documents to the following address:

**Ivy Hands Foundation  
Attention: Dr. Cynthia Carlton Thompson  
Scholarship Chairperson  
P O Box 792  
High Point, NC 27261  
cynthiacarltonthompson@yahoo.com**

**APPLICATION**

*Please read the Scholarship Application Form carefully. Provide all information requested on the application form.*

**SCHOLARSHIP TYPE (select one)** Academic:  Need Based:

**PLEASE PRINT/TYPE**

FULL NAME: \_\_\_\_\_

MALE:  FEMALE:

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER : \_\_\_\_\_  
(mm/dd/yyyy) (Last 4 Only)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**COLLEGE YOU WILL ATTEND:**

NAME: \_\_\_\_\_

ADDRESS & PHONE: \_\_\_\_\_

\_\_\_\_\_

INTENDED MAJOR: \_\_\_\_\_

**PARENT(S) OR GUARDIAN:**

\_\_\_\_\_

**ACTIVITIES:** Using the following outline, please check or list activities in which you have participated in freshman, sophomore, junior or senior year.

**SCHOOL CLUBS / SOCIETIES**

**YEARS PARTICIPATION**

*National Honor Society* \_\_\_\_\_

*BETA CLUB* \_\_\_\_\_

*OTHER:* \_\_\_\_\_

**STUDENT GOVERNMENT**

*Student Council* \_\_\_\_\_

*Other:* \_\_\_\_\_

**SCHOOL PUBLICATIONS**

*Newspaper* \_\_\_\_\_

*Yearbook* \_\_\_\_\_

*Other:* \_\_\_\_\_

**SCHOOL ATHLETICS:**

*Basketball* \_\_\_\_\_

*Baseball* \_\_\_\_\_

*Cheerleading* \_\_\_\_\_

*Dance / Drill or Step Team* \_\_\_\_\_

*Softball* \_\_\_\_\_

*Tennis* \_\_\_\_\_

*Track* \_\_\_\_\_

*Other:* \_\_\_\_\_

**MUSICAL ACTIVITIES**

*Band* \_\_\_\_\_

*Chorus* \_\_\_\_\_

*Other:* \_\_\_\_\_

## **ESSAY**

In the space provided below or on a separate attachment, provide a minimum of two hundred and fifty (250) word essay on the following:

Write an essay indicating what your career choice and goals are and what influenced your decision. What experiences or hurdles have you faced or overcome to achieve your present status? How will those experiences help you become successful in contributing to society?

# SCHOOL RECOMMENDATION FORM

(Filled out by Counselor or Teacher)

1. Please provide information about the applicant in the following categories?

Special academic interest:

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Extracurricular activities:

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Personal character:

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Integrity:

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Other experiences:

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2. Does the applicant have any outstanding capabilities or interest that should be taken into consideration? If yes, please explain:

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3. Please share any additional comments you would like to share about the applicant.

(For Recommender)

Name : \_\_\_\_\_

Title: \_\_\_\_\_

Contact Info: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_